

DCRA Local Government Lost Revenue Relief Grant Program
LGLR Relief Program

Promoting economic recovery and continuity of government services to local governments that experienced revenue loss due to the COVID-19 pandemic through a \$50M grant program funded by the State's American Rescue Plan Act (ARPA) COVID State and Local Fiscal Recovery Funds appropriated to the Alaska Department of Commerce, Community and Economic Development (DCCED), Division of Community and Regional Affairs (DCRA).

1. Use the Handbook and General Revenue QuickBooks Guide to determine General Revenues for January 1, 2020 to December 31, 2020 (Treasury's first eligible revenue loss period).
2. Use DCRA's Revenue Loss Calculation Tool available at [DCRA's Lost Revenue Relief Program page](#) to calculate the dollar amount and percentage of Revenue Loss for this period.
3. Use the calculated dollar amount and percentage to complete this application. **ATTENTION: You MUST download the PDFs to your computer BEFORE you begin filling it in to save your information.**
4. Attach the Resolution passed by the governing body.
5. Attach supporting documentation (printout of DCRA's calculation tool)

Send a **signed PDF application package (Application, Revenue Calculation Worksheet, and Resolution)** to: Attn: Robert Pearson, State of Alaska, Dept. of Commerce, Community and Economic Development, via email or fax by 5:00pm, December 6, 2021, to DCRA.LGLR@alaska.gov or 907-465-4761. If you cannot apply via email, call 907-465-5541 to make alternative arrangements. Application and qualification do not guarantee funding.

Applicant Information	
City / Borough Name	
Contact Name and Title	
Email	
Phone Number	
Mailing Address	
SAM & DUNS # and Expiration Date	

Grant Request	
Dollar Amount of Lost Revenue	Percent of Lost Revenue
\$	%

Certification	
I certify that the information in this application is true and correct, and that the applicant possesses the legal authority to accept grant funds from the State of Alaska and to execute the project described by the grant application. I further certify that I am legally authorized to sign and submit this application and to financially commit the applying organization to the project should it be selected to receive a Lost Revenue Relief Grant. I further certify that the applicant will comply with all applicable state and Federal laws and regulations implementing this project if it is selected for funding.	
Signature of Certifying Officer	Date
Printed Name and Title of Certifying Officer	